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Intoe

THIS review article has an appropriate title: certain facts are established and several opinions given, but the fiction is not always clearly identified.

Three conditions are described which produce intoe (inward pointing of the foot; also known as 'hen-toe' in Scotland). Two of these — metatarsus adductus and internal tibial torsion — I had not heard of before. The diagnostic feature of the first is a c-shaped curve of the lateral border of the affected foot. This made me wonder just how unobservant I had been.

Children with internal tibial torsion have 'an inward foot progression angle' with their patella pointing forward while the foot points inward. I found the description of the mechanics and development of this condition difficult to understand and I thought that a clinical diagnosis was beyond my ability when it involved identifying a few degrees of excessive angle between the transmalleolar axis and the frontal plane.

Fortunately, between 90% and 95% of cases of metatarsus adductus and internal tibial torsion resolve spontaneously. Non-surgical intervention is of doubtful efficacy, and rotational osteotomy, in internal tibial torsion, is hardly ever justified.

The third and commonest cause of intoe is excessive (or persistent) anteversion of the femoral neck. In normal subjects the anteversion angle diminishes with growth, but there is a wide range of values at all ages in childhood, and correlation between radiologically defined anteversion and excessive internal hip rotation is disputed.

Despite this, we are assured that clinical assessment is adequate to diagnose the condition. The patella and foot point inwards in walking and excessive internal rotation of the femur is demonstrated when the child is prone with the knees flexed.

Reports of long-term disability in patients with femoral anteversion are examined and rejected, and the one study of function showed no impairment of athletic ability in the activities measured.

I have recognized femoral anteversion in some top-class sprinters and hurdlers on television when a head-on telescopic view shows beautifully the inward axis of the affected leg. The other non-clinical situation where a spot diagnosis can be made (not mentioned in the article) is when a child is seen sitting on the floor with knees together, or nearly so, and the medial aspect of the thigh, leg and foot is in contact with the floor.

Non-surgical treatment is ineffective. Some authors recommend rotational osteotomy for cosmetically unacceptable cases but the 15% risk of major complications would deter most sensible parents.

Despite the doubts and reservations aroused by this review, I found it extremely interesting and thought-provoking and would recommend it, especially to those who regularly review toddlers and children. The contents may not change doctors' management but it will increase their understanding of the mechanisms involved and give them more confidence in advising worried parents.

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Source: Dietz FR. Intoeing — fact, fiction and opinion. *Am Fam Physician* 1994; **50:** 1249-1262.

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Chronic whiplash syndrome

CHRONIC whiplash syndrome, first described in the United States of America in 1953 but not recognized in the United Kingdom until about 30 years later, has now reached epidemic proportions. In one study, 6% of whiplash patients were off work for one year, and another describes 10% as being permanently disabled.

Rather than major road traffic accidents, minor accidents, where the rear end of a car is struck, are more often the cause of whiplash. The striking vehicle is almost invariably at fault. Not surprisingly, collisions with dodgems at funfairs, where headrests are not provided, reveal virtually no cases of whiplash. Whiplash injuries are rarely reported at stock car racing in the UK.

The most common whiplash injury is a neck sprain and most resolve in days, weeks or at most months. Some patients are affected by facet joint pain in the cervical, dorsal or lumbar spine that only improves gradually. Clinicians use therapies such as analgesics, surgical collars, spinal supports and physiotherapy, and some perform local injections of steroids and anaesthetics, often with good effect.

Peer modelling among patients and practitioners escalates the frequency of diagnosis and the severity of symptoms following whiplash injury. Studies in two similar communities in Australia and New Zealand revealed the reporting of whiplash to be 10 times higher in the former although accident rates were similar.

It is those patients whose whiplash injuries do not resolve who often become litigants. In one study, 66% of patients were litigants. It is believed that many litigants are emotionally unstable and are encouraged by overcaring doctors and enthusiastic lawyers to prolong the illness and delay recovery, often until financial settlement of the claim.

I have a sense of déjà vu, likening chronic whiplash syndrome to the chronic post-traumatic headache syndromes that were so common before the advent of the whiplash and repetitive stress syndromes of today.

Malleson believes the term 'whiplash' has an unfortunate connotation which leads to patients being disabled by the diagnosis rather than by the injury. He reports whiplash sceptics, including transport companies and other authorities, launching anti-fraud programmes to resist unreasonable claims. One company effected a 50% drop in claims by such measures. Similarly, union leaders in Canada and the government in Australia have taken measures to halt the epidemic of claims for repetitive stress syndrome.

It is known that some patients seek out sympathetic doctors and enthusiastic lawyers who are reluctant to recognize any dishonesty in the complaint. Recently in the UK, lawyers have advertised for potential litigants concerning steroid medication. This could be repeated for other conditions such as whiplash, and vigilance by the medical profession is required.

We are all too aware of overtreated patients being encouraged to enjoy the 'sick role'. It is necessary to understand the psychosocial nature of these chronic syndromes in preventing such epidemics.

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Source: Malleson A. Chronic whiplash syndrome — psychosocial epidemic. *Can Fam Physician* 1994; **40:** 1906-1909.

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